

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>10-30-05</u>		2 Serial/Patent # <u>10/523,018</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$50.00							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
		Credit Deposit A/c #:									
<input type="checkbox"/> Overpayment		9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>9</td><td>--</td><td>4</td><td>8</td><td>8</td><td>0</td> </tr> </table>			1	9	--	4	8	8	0
1	9	--	4	8	8	0					
<input type="checkbox"/> Duplicate Payment											
<input type="checkbox"/> No Fee Due (Explanation):											
<u>Fee Code Correction</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>BAC</u>		TITLE: _____									
SIGNATURE: <u>BAC</u>		PHONE: _____									
OFFICE: <u>PCT/DO/EO</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**